

## PLACE OF BIRTH

1. County of Pima

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 136County Registrar No. 401

Local Registrar No. \_\_\_\_\_

No. Miami - Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Melvin Fred Hipsher

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.male

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate?

yes

7. Date

of birth Sept 11 1927  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER

Full name William Fred Hipsher

14.

MOTHER

Full maiden name Margaret Lee Edward

9. Residence

(Usual place of abode)

Miami, Arizona

15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

white11. Age at last birthday 26 (Years)

16. Color or race

white17. Age at last birthday 20 (Years)

12. Birthplace (city or place)

(State or country)

Tennessee

18. Birthplace (city or place)

(State or country)

Kansas

13. Occupation

Miner

Nature of industry

Copper

19. Occupation

Housewife

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 6(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-  
thalmia neonatorum?yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn.)

at 8:45 P. m.

on the date above stated

\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature

J. J. Miller MD

(Physician or midwife)

Address

Miami, ArizonaGiven name added from  
a supplemental report

Month, day, year

Filed

Sept 15, 1927

Local Registrar.

Registrar

Filed

19

County Registrar.

489-911-452